

ALEJANDRO VAZQUEZ, P.A.

Attorneys At Law
782 NW 42nd Avenue, Suite #636
Miami, Florida 33126
Telephone (305) 444-7924
Fax (305) 445-4670

May 22nd, 2020

CBPMIAI94@cbp.dhs.gov

**United States Department of Homeland Security
United States Customs and Border Protection (CBP)
Miami International Airport, Deferred Inspections Office
3550 N.W. 57th Avenue
Miami, Florida 33166**

Re: Marilyn Caballero Martinez
Form I-94 with last entry into the country

Dear Sir or Madam:

We represent Mrs. Marilyn Caballero Martinez, regarding obtaining her electronic form I-94 with the accurate day of last entry of Mrs. Caballero. Please see attached, properly signed form G-28 and DHS form 590.

Mrs. Caballero's last entry into the United States by the Miami International Airport was on December 29th, 2018. Her passport was not stamped upon entry and such entry does not appear in the most recent I-94 obtained in <https://i94.cbp.dhs.gov/I94/recent.html>.

Mrs. Caballero is a native of Cuba and entered with a B2 Nonimmigrant Visa No. F9724578.

As the instructions require we are including the following:

1. A statement setting forth the issue and requesting that the issue be resolved.
2. Copy of the passport biological pages.
3. Copy of the United States Visa
4. Copy of the flight reservation
5. The person's address and telephone number; Marilyn Caballero Martinez, 4985 SW 32nd Terrace Fort Lauderdale, FL 33312. PH: 954-801-1120
6. The form DHS 590, Authorization to Release to another person.

We ask that after considering all of the above, Mrs. Caballero be sent her form I-94, so she can continue with her process for Adjustment of Status. Thank You.

Sincerely,

ALEJANDRO VAZQUEZ, P.A.


Alejandro Vazquez Sanchez, Esq.

DEPARTMENT OF HOMELAND SECURITY
AUTHORIZATION TO RELEASE INFORMATION TO ANOTHER PERSON

Please complete this form to authorize the Department of Homeland Security (DHS) or its designated DHS Component element to disclose your personal information to another person. You are asked to provide your information only to facilitate the identification and processing of your request. Without your information DHS or its designated DHS Component element may be unable to process your request.

SECTION I. Personal Information

Name

Marilyn Caballero Martinez

Address

4985 SW 32nd Terrace

City

Fort Lauderdale

State

FL

Zip Code

33312

Country

USA

Telephone Number(s)

9548011120

7542085222

Date of Birth

10/04/1970

Place of Birth (city, state, country)

Camaguey, Cuba

SECTION II. Representative Information

Name

Alejandro Vazquez Sanchez

Address

782 NW 42nd Ave Suite 636

City

Miami

State

FL

Zip Code

33126

Country

USA

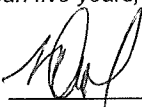
Telephone Number(s)

3054447924

Pursuant to the Privacy Act of 1974 (5 U.S.C. §552a(b)), I authorize DHS and/or its DHS Component elements to release any and all information relating to my redress request to my representative .

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above in Section I. I understand that falsification of this statement is punishable under the provisions of 18 U.S.C. §1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both.

Signature



Date 05/22/2020

PRIVACY ACT STATEMENT:

AUTHORITY: Title IV of the Intelligence Reform and Terrorism Prevention Act of 2004 authorizes DHS to take security measures to protect travel, and under Subtitle B, Section 4012(1)(G), the Act directs DHS to provide appeal and correction opportunities for travelers whose information may be incorrect.

PRINCIPAL PURPOSE(S): DHS will use this information in order to assist you with seeking redress in connection with travel.

ROUTINE USE(S): DHS will use and disclose this information to appropriate governmental agencies to verify your identity, distinguish your identity from that of another individual, such as someone included on a watch list, and/or address your redress request. Additionally, limited information may be shared with non-governmental entities, such as air carriers, where necessary for the sole purpose of carrying out your redress request.

DISCLOSURE: Furnishing this information is voluntary; however DHS may not be able to process your redress request without the information requested.



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) VAZQUEZ SANCHEZ

2.b. Given Name (First Name) ALEJANDRO

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name 782 NW 42nd AVE

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 636

3.c. City or Town MIAMI

3.d. State FL 3.e. ZIP Code 33126

3.f. Province

3.g. Postal Code

3.h. Country

USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

3054447924

5. Mobile Telephone Number (if any)

6. Email Address (if any)

vazquezsanchezalejandro@gmail.com

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

SUPREME COURT OF FLORIDA

1.b. Bar Number (if applicable)

102890

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

ALEJANDRO VAZQUEZ, P.A.

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

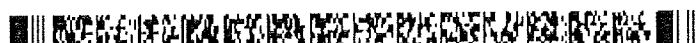
2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

ALL MATTERS

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

►

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5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- ☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) CABALLERO MARTINEZ

6.b. Given Name (First Name) MARILYN

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

►

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9. Client's Alien Registration Number (A-Number) (if any)

► A-

2	1	9	4	2	8	4	1	1
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Client's Contact Information

10. Daytime Telephone Number

9548011120

11. Mobile Telephone Number (if any)

12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name 4985 SW 32ND TERR

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town FORT LAUDERDALE

13.d. State FL 13.e. ZIP Code 33312

13.f. Province

13.g. Postal Code

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☐ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ 

2.b. Date of Signature (mm/dd/yyyy)

05/22/2020

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy)

5/22/2020

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) CABALLERO MARTINEZ

1.b. Given Name (First Name) MARILYN

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.



Statement

STATE OF FLORIDA)
)SS
COUNTY OF DADE)

I, Marilyn Caballero Martinez, being duly sworn depose and state the following:

1. I am older than 18 years of age and I am staying at the following address: 4985 SW 32nd Terrace Fort Lauderdale, FL 33312
2. I was born in Camaguey, Cuba on October 4th, 1970
3. I entered the United States at the Miami International Airport on December 29th, 2018 with a B2. My current passport number is K202919. My visa number is F9724578 stamped in my previous passport with number H470248.
4. My passport was not stamped upon entry, and such entry is not reflected in the online I-94 website nor in the travel history. The website only shows my previous entry on May 11th, 2018.
5. As part of the instruction I was given I am submitting this statement to explain the issue of the I-94 and the issue to be resolved, which is to obtain the electronic I-94 with my most recent date of entry on it, December 29th, 2018.
6. Please advise us in order to obtain the updated record of entry

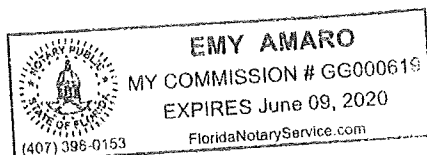


Marilyn Caballero Martinez

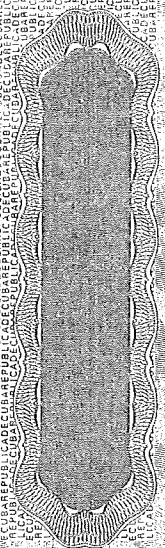
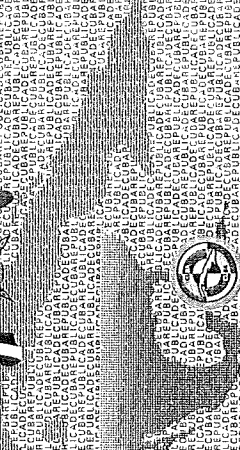
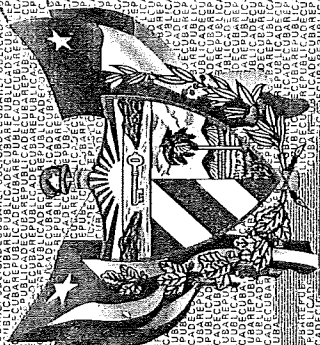
Sworn and subscribed before me, this 22nd day of May 2020, by Marilyn Caballero
Martinez whom is personally known to me or X whom has
produced ~~Florida Identification~~ Cuban Passport as identification

Notary Public, State of Florida

(Notary Seal)



REPUBLICA DE CUBA



PASAPORTE

La autoridad que expide el presente pasaporte en nombre del Gobierno de la Republica de Cuba, certifica que el Titular es ciudadano cubano y en tal virtud solicita a las autoridades civiles y militares de los países por donde transite le presten la asistencia y protección necesarias.

L'autorité qui émet le présent passeport au nom du Gouvernement de la République de Cuba, certifie que son titulaire est citoyen cubain et, en foi de quoi, prie les autorités civiles et militaires des pays où voyage le porteur de bien vouloir lui prêter l'assistance et la protection nécessaire.

The authority issuing the present passport on behalf of the Government of the Republic of Cuba certifies that the bearer is a Cuban citizen and, in virtue of this, requests the civil and military authorities of the countries through which he travels to provide him with whatever protection and assistance he needs.

OBSERVACIONES
REMARKS

REPÚBLICA DE CUBA



Nº. DE PASAPORTE / PASSPORT Nº.
K202919

CABALLERO MARTÍNEZ

MARILYN

NACIONALIDAD / NATIONALITY

CUBANA

FECHA DE NACIMIENTO / DATE OF BIRTH

04/OCT/OCT/1970

LUGAR DE NACIMIENTO / PLACE OF BIRTH:

CAMAGÜEY CUB

SEXO / SEX

•

Nº DE IDENTIDAD / ID Nº

70100404170

FECHA DE EMISION / DATE OF ISSUE

23/OCT/OCT/2018

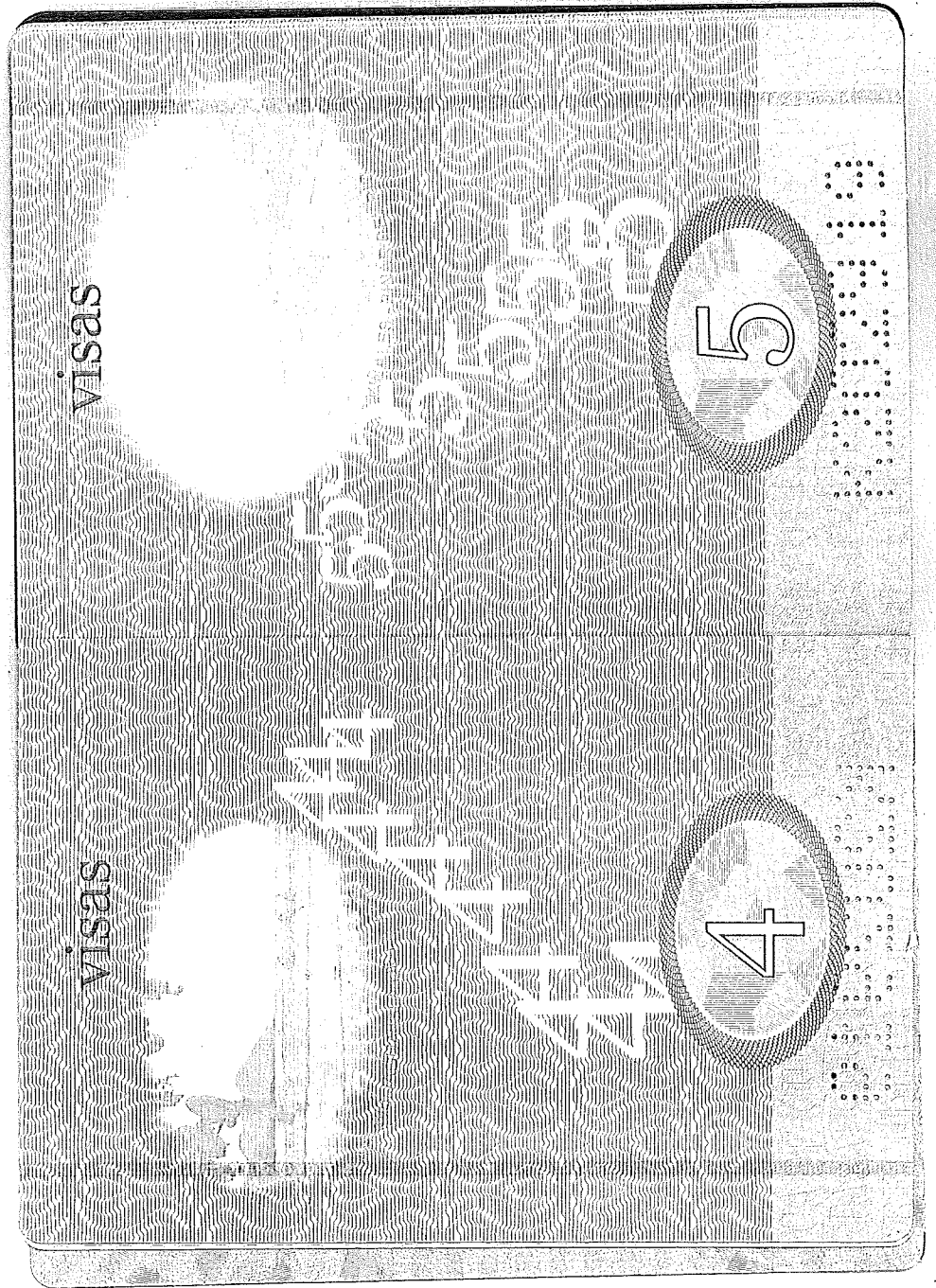
FECHA DE VENCIMIENTO / DATE OF EXPIRY

23/OCT/OCT/2024

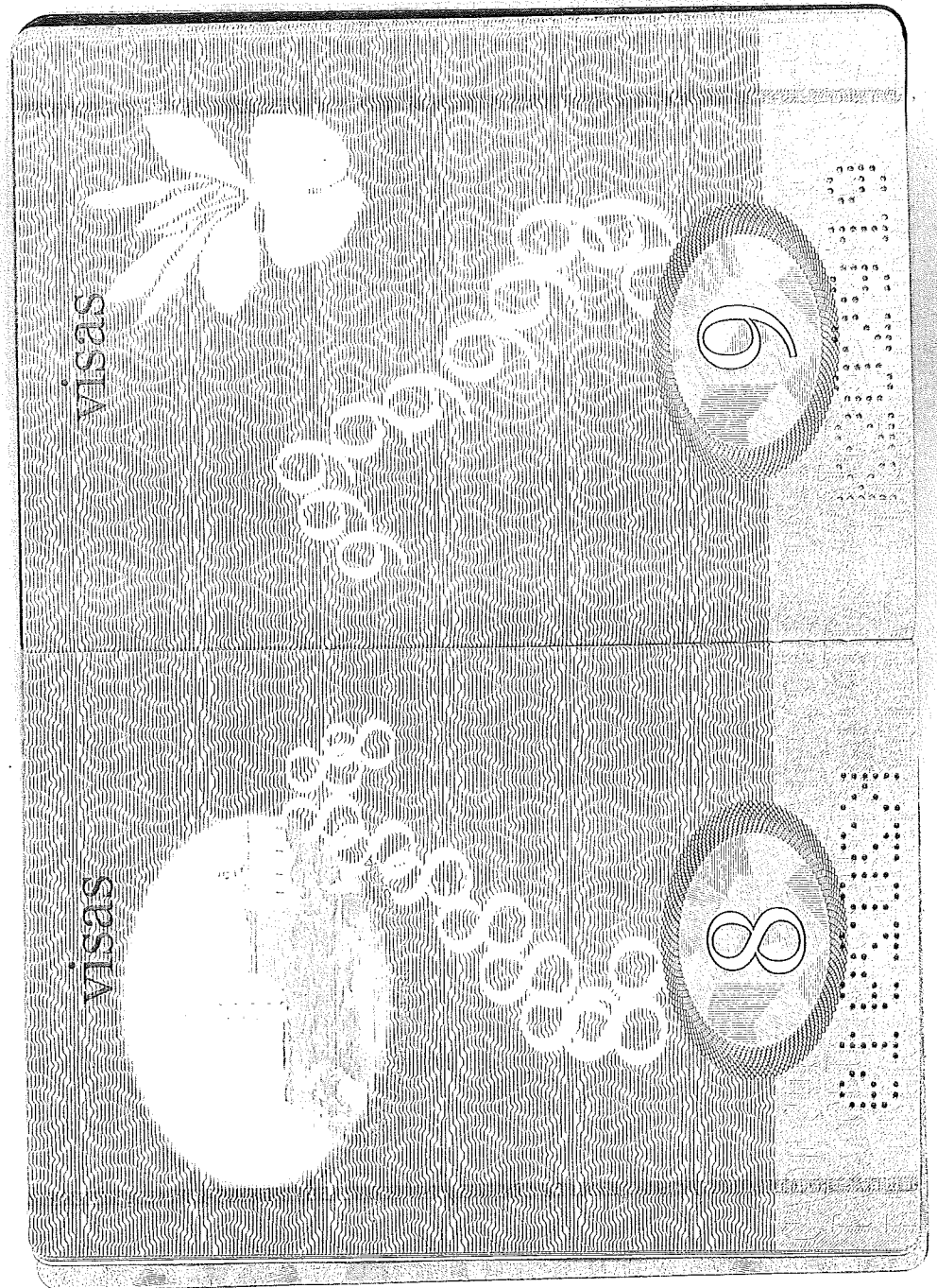
LUGAR DE EXPEDICION / PLACE OF ISSUE

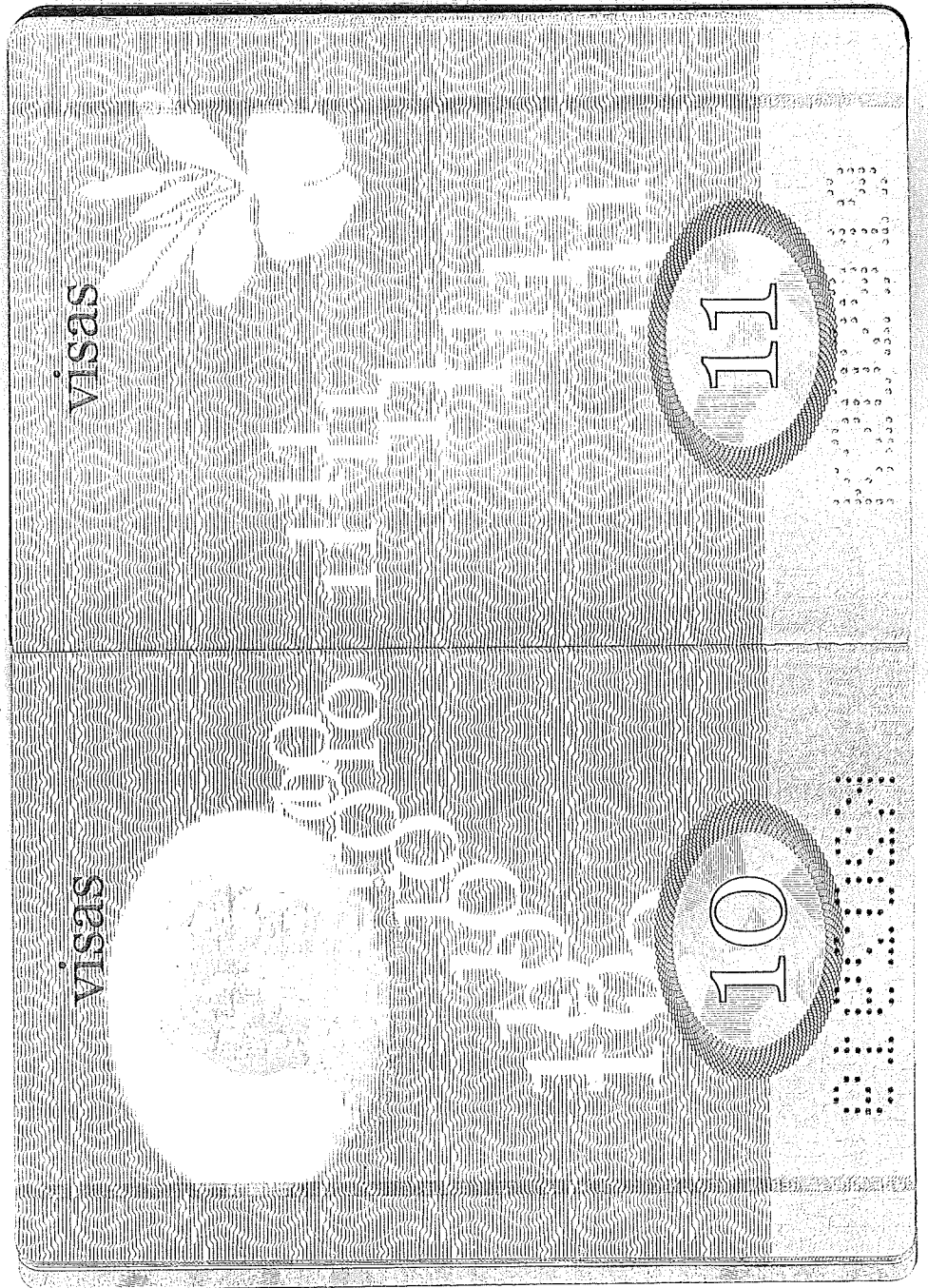
LA HABANA

P<CUBCABALLERO<MARTINEZ<<MARILYN<<<<<<<<<<<<
K202919<<1CUB7010044F241023670100404170<<<60

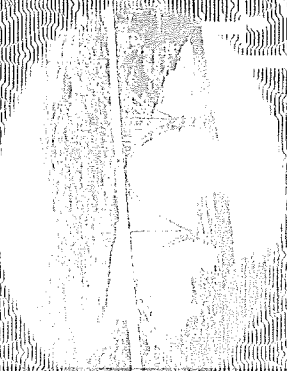


SESTA





visas



12

12

12

12

visas

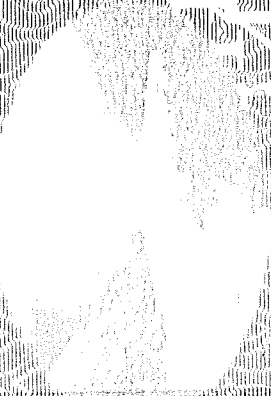


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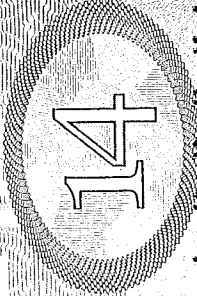
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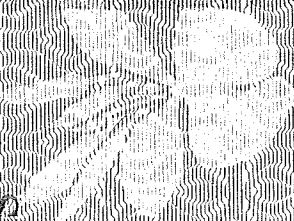
visas



14

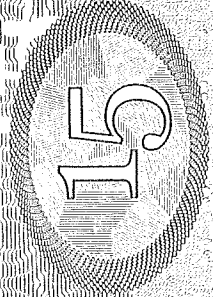


visas



15

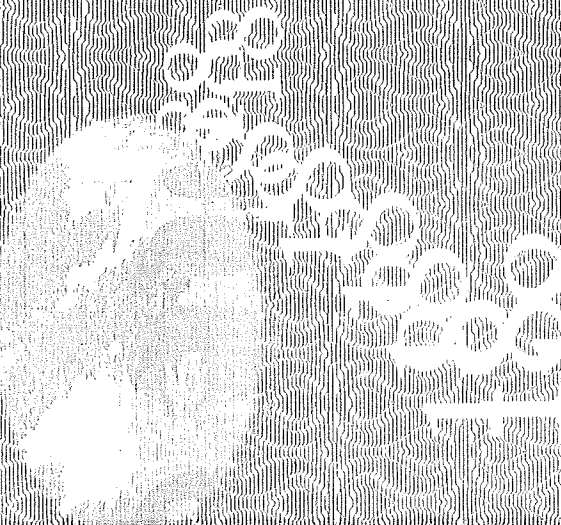
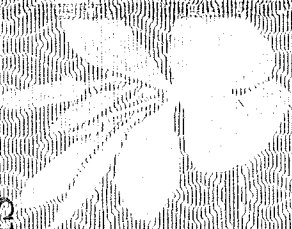
15



Exit Stamp
From Cuba on
December 29th, 2018

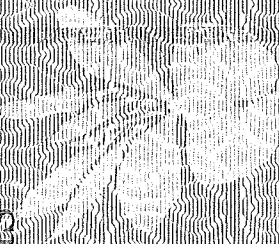


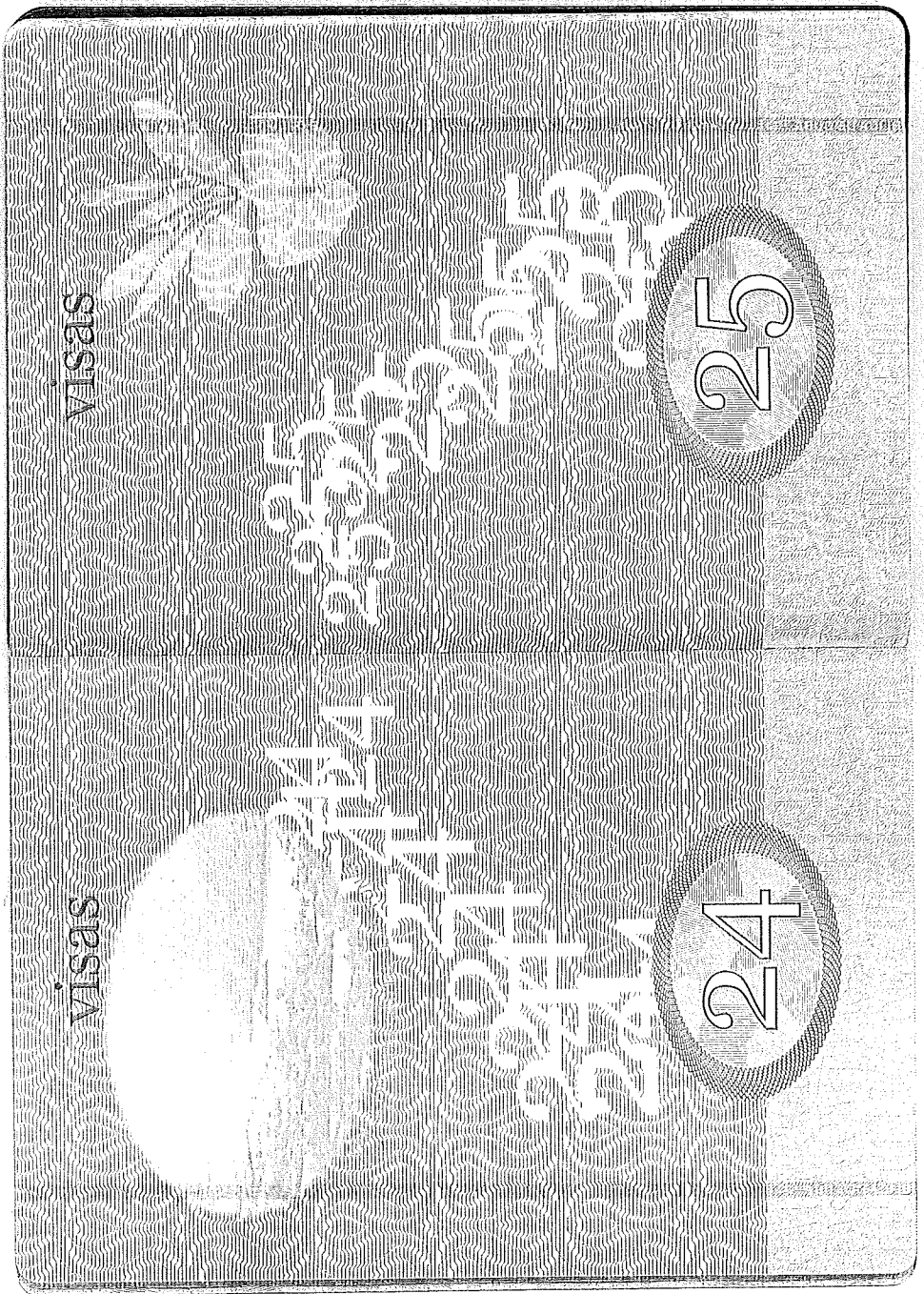
WALS





SESLA

[illegible]

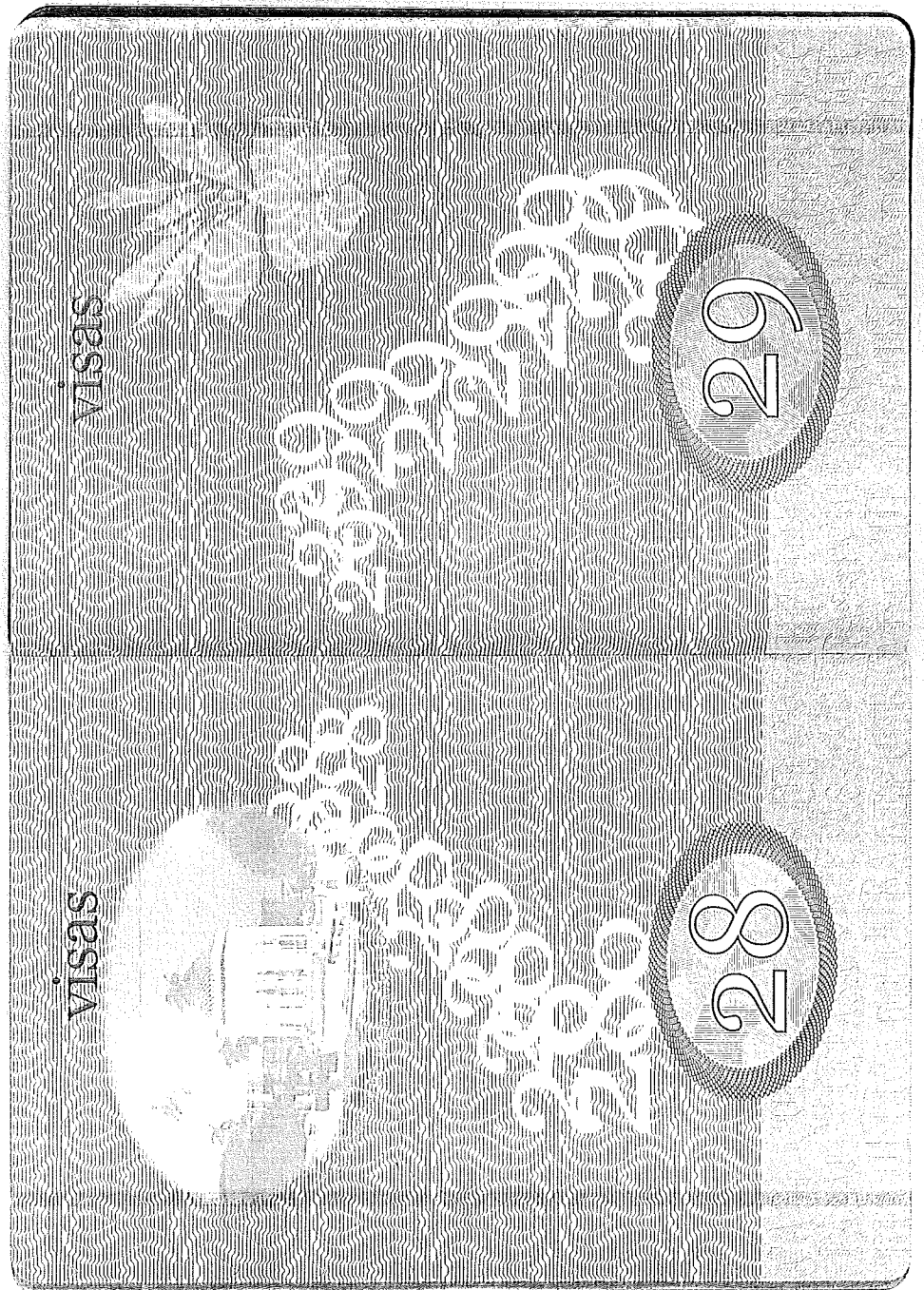


STARS

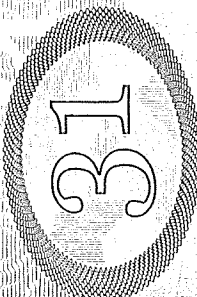
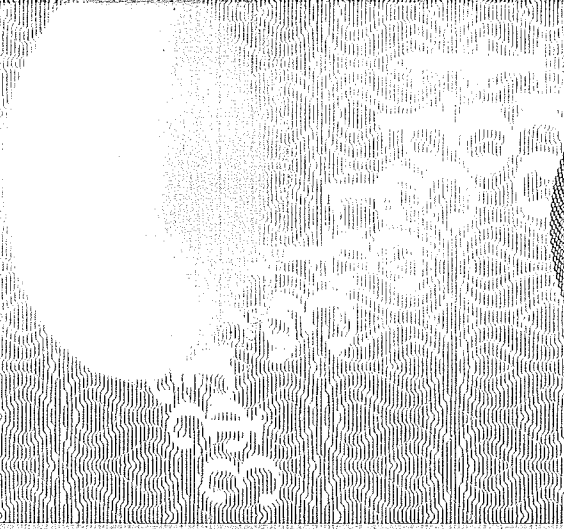


THE WINDS OF CHANGE

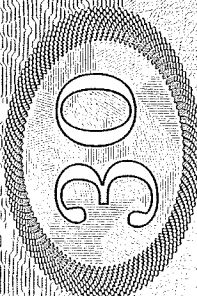
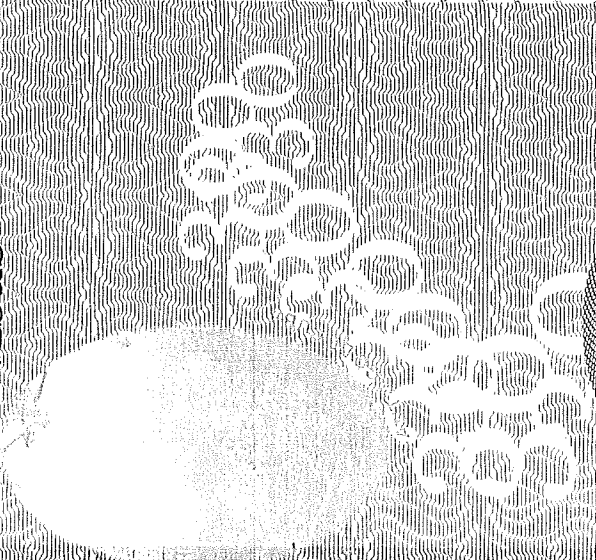
J. R. R. TOLKIEN



visas



visas



Este pasaporte es personal e intransferible y será sancionado quien permita su uso por tercera persona. Es válido por dos años y prorrogable por 2 años 2 veces.

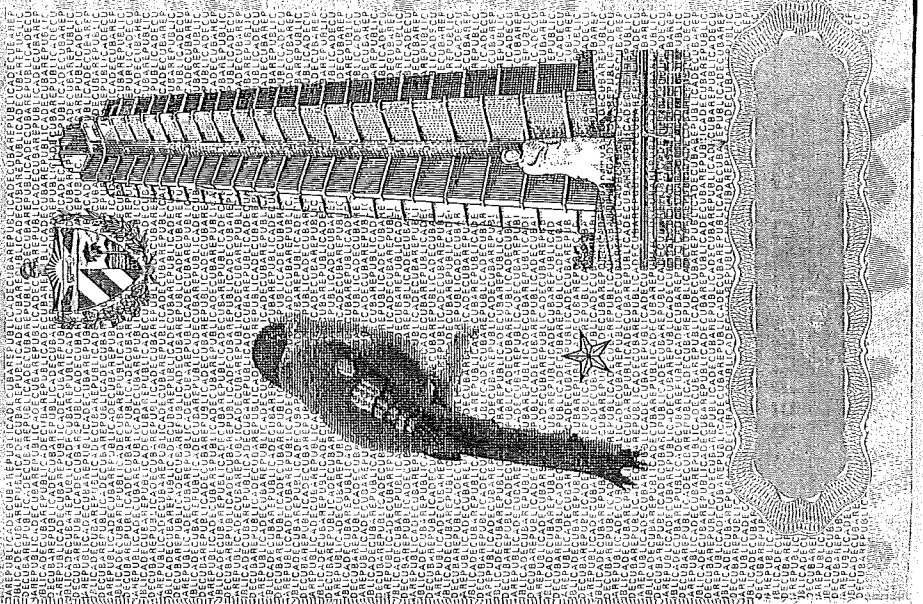
El extravió de este documento será notificado a la Dirección de Inmigración y Extranjería o al funcionario diplomático o consular más próximo a su domicilio.

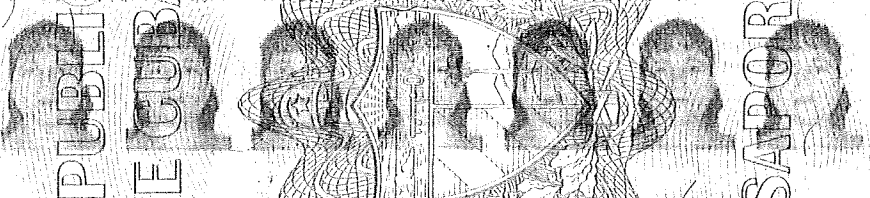
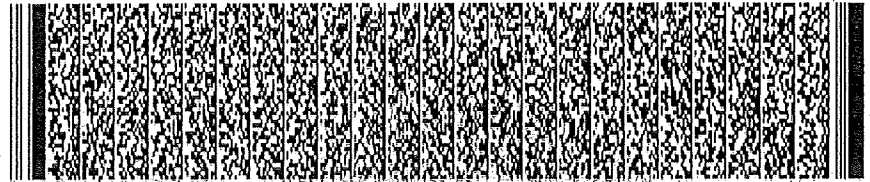
Para que el titular pueda disfrutar de la protección de los representantes diplomáticos y consulares de Cuba y gozar de los tratados internacionales y las leyes a que tiene derecho como ciudadano cubano o se si obligado a presentarse a la misión cubana donde radique o fin de quedar inscripto como ciudadano cubano. Esta inscripción debe hacerse dentro de los 3 días de su arribo al lugar.

Este pasaporte es nulo si aparece enmendado en cualquier forma.

32

ESTE PASAPORTE CONSTA DE 32 PAGINAS





REPUBLICA DE CUBA

Elmna Autorizada / Signing Authority

PASAPORTE

La autoridad que expide el presente pasaporte en nombre del Gobierno de la República de Cuba, certifica que el Titular es ciudadano cubano y en tal virtud solicita a las autoridades civiles y militares de los países por donde transite le presten la asistencia y protección necesarias.

L'autorité qui émet le présent passeport au nom du Gouvernement de la République de Cuba certifie que son titulaire est citoyen cubain et, en foi de quoi, prie les autorités civiles et militaires des pays où voyage le porteur de bien vouloir lui prêter l'assistance et la protection nécessaires.

The authority issuing the present passport on behalf of the Government of the Republic of Cuba certifies that the bearer is a Cuban citizen and, in virtue of this, requests the civil and military authorities of the countries through which he travels to provide him with whatever protection and assistance he needs.

PASAPORTE

REMARKS

ESTE PASAPORTE CONSTA DE 32 PAGINAS

PASAPORTE
PASSPORT

REPUBLICA DE CUBA



TIPO / TYPE
P

CODIGO DEL PAIS / COUNTRY CODE
CUB

PASAPORTE No. / PASSPORT NO
H470248

APELLIDOS / SURNAMES

CABALLERO MARTINEZ

NOMBRES / GIVEN NAMES

MARILYN

NACIONALIDAD / NATIONALITY

CUBANA

LUGAR DE NACIMIENTO / PLACE OF BIRTH

CAMAGUEY CUB

FECHA DE EXPEDICION / DATE OF ISSUE

13/DEC/DIC/2012

FECHA DE VENCIMIENTO / DATE OF EXPIRY

13/DEC/DIC/2018

FECHA DE NACIMIENTO / DATE OF BIRTH

04/OCT/OCT/1970

SEXO / SEX

F

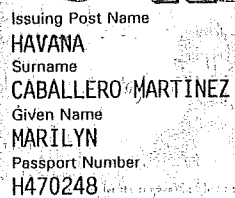
LUGAR DE EXPEDICION / PLACE OF ISSUE

LA HABANA

FIRMA DEL TITULAR / HOLDER'S SIGNATURE

P<CUBCABALLERO<MARTINEZ<<MARILYN<<<<<<<<<<<
H470248<<4CUB7010044F181213270100404170<<<62

VISAS



Control Number
20130153300001

Visa Type /Class
R B2

Sex	Birth Date	Nationality
F	04OCT1970	CUBA

1 Entries
1 Annotation

Issue Date
18JAN2013

Expiration Date
16JUL2013

0110

CLEARANCE RECEIVED 17 JAN 2013 F9724578

VNUSACABALLERO<MARTINEZ<<MARILYN<<<<<<<<<<<
H470248<<4CUB7010044F1307164B2HAV070D3263157

VISAS

4

PRORROGA

DE Pasaporte
HASTA 13-12-2016 No. PPTE H470248
FECHA 7-4-2015 F 731984

PRORROGA

DE Pasaporte
HASTA 13-12-2018 No. PPTE H470248
FECHA 21-9-2014 G 413798

B2
FEB 13 2011



62
UPON
075amur

VISA

UNITED STATES
OF AMERICA



Issuing Post Name	
HAVANA	
Surname	
CABALLERO MARTINEZ	
Given Name	
MARILYN	
Passport Number	
H470248	
Entries	
M	Issue Date
Annotation	14MAY

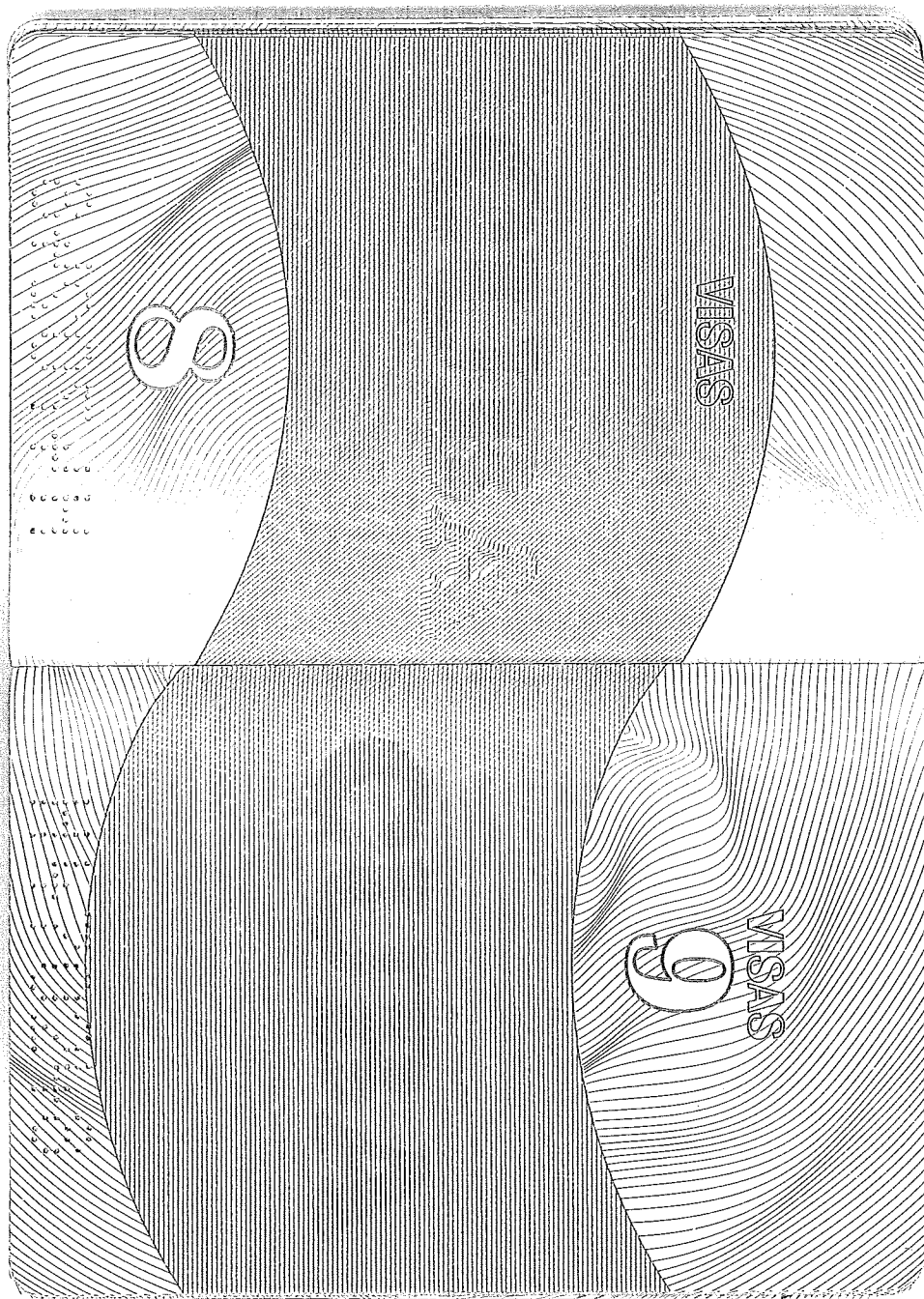
Control Number
20151326860001

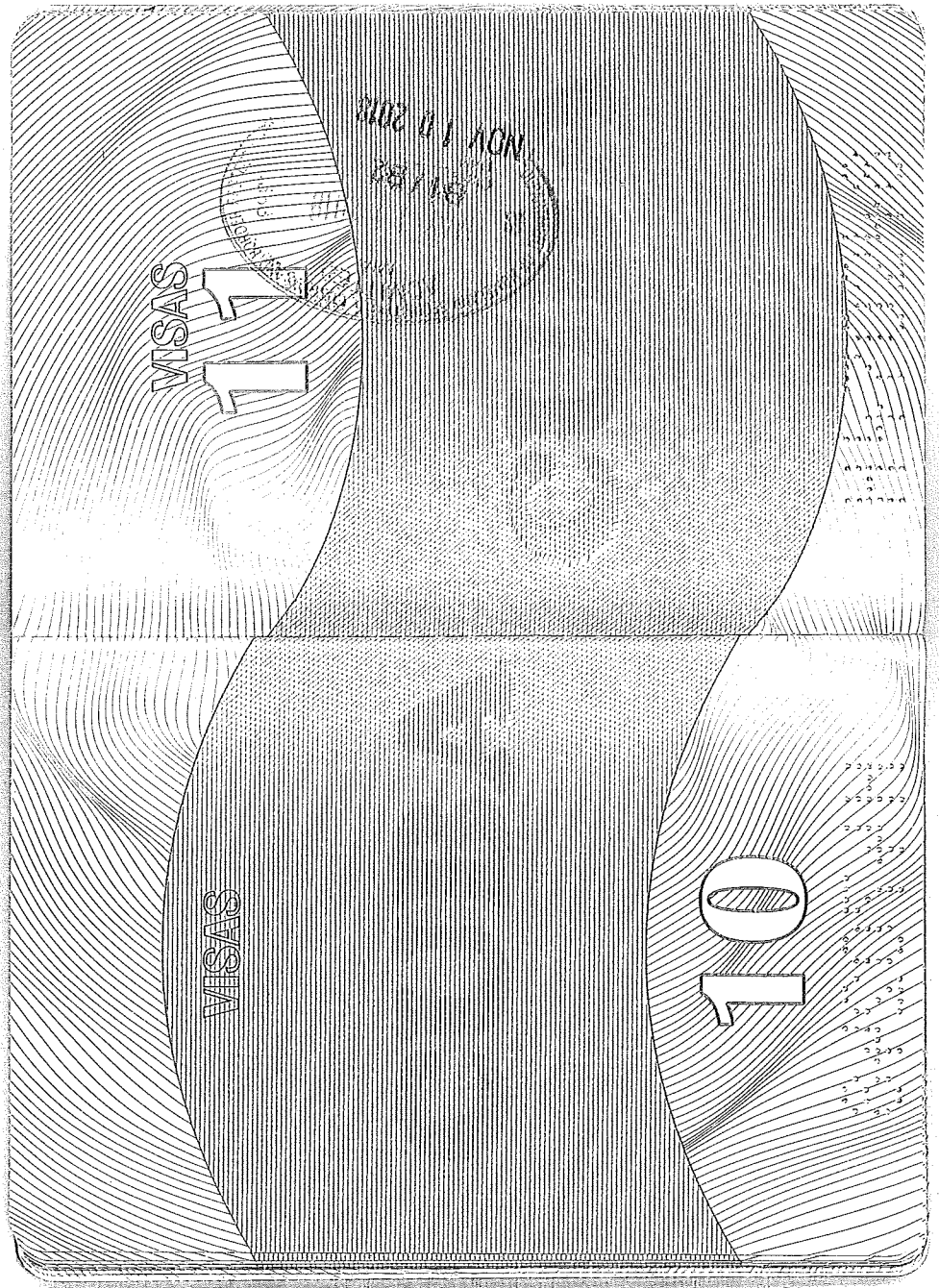
Visa Type /Class
R B2

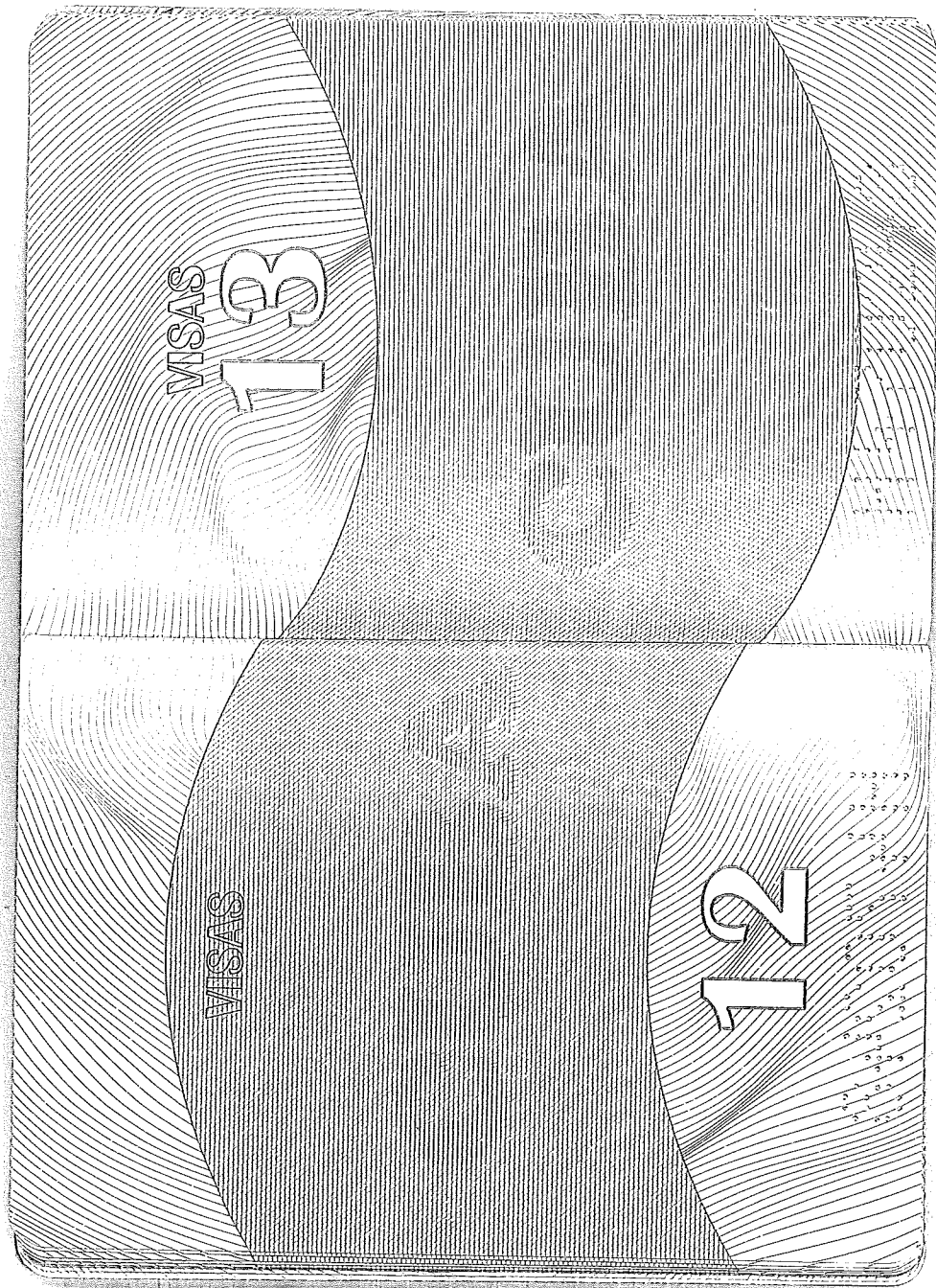
Sex	Birth Date	Nationality
F	04OCT1970	CUBA
	Expiration Date	
15	11MAY2020	01

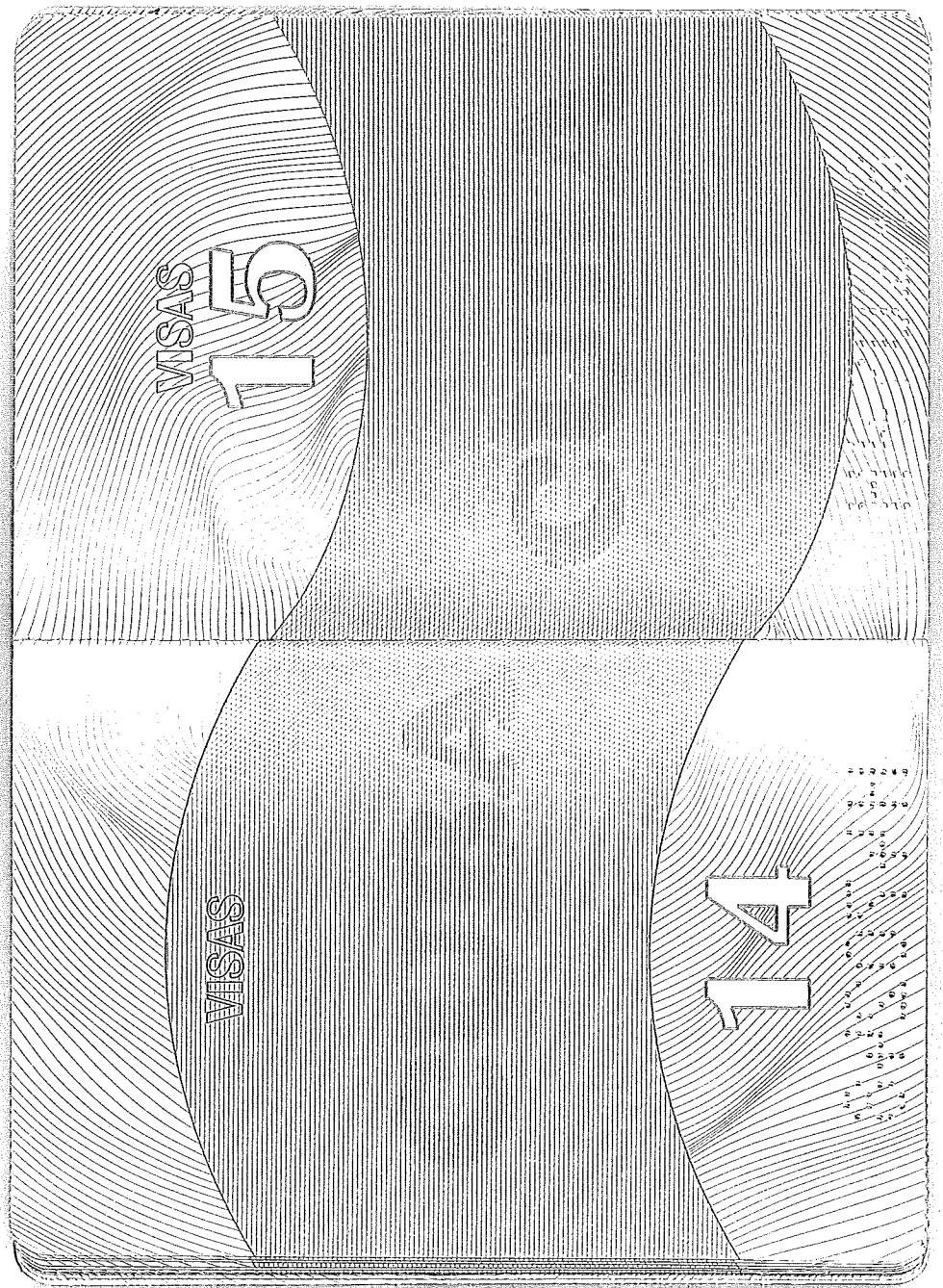
J 6575407

VNUSACABALLERO<MARTINEZ<<MARILYN<<<<<<<<<<
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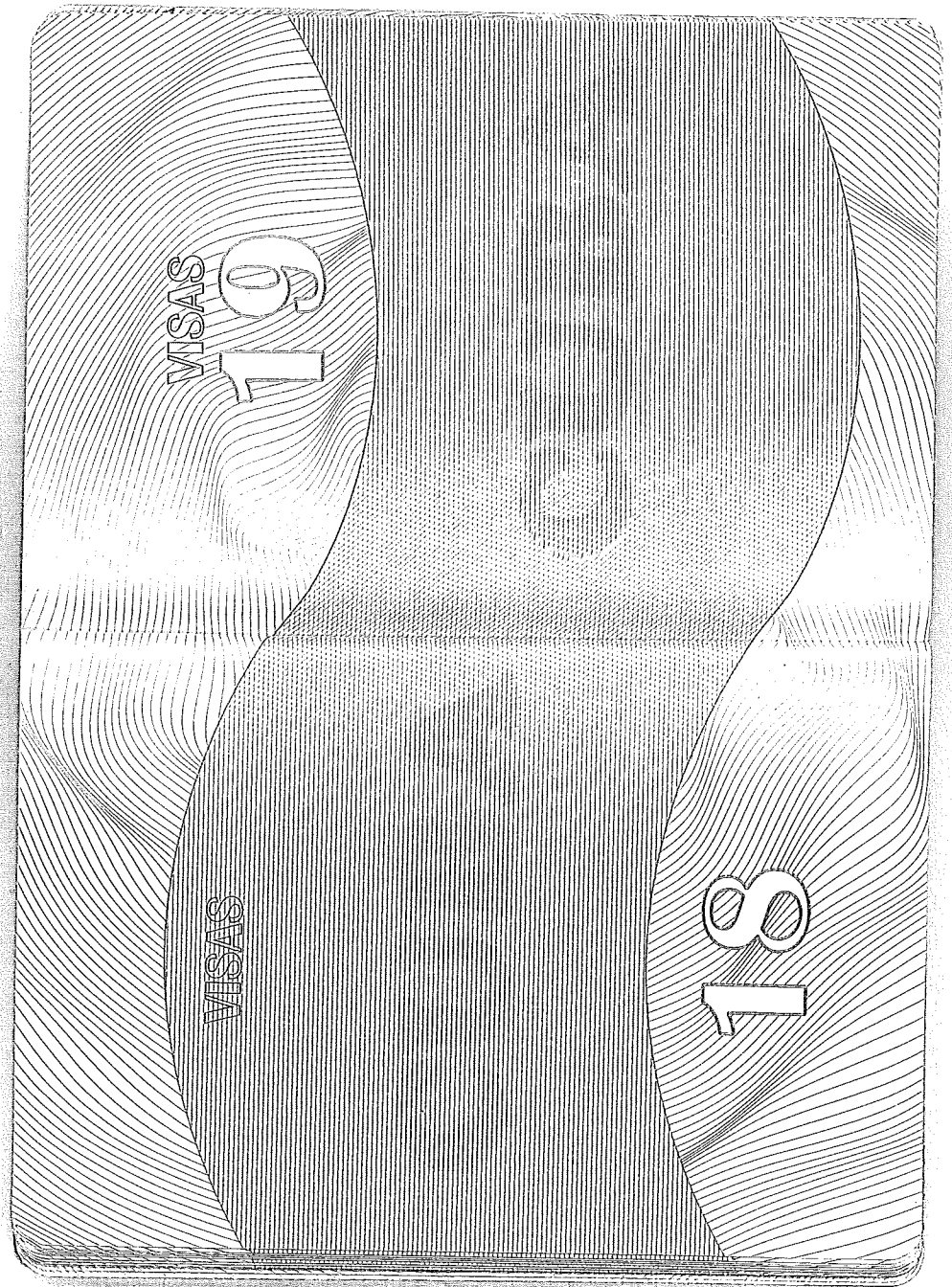


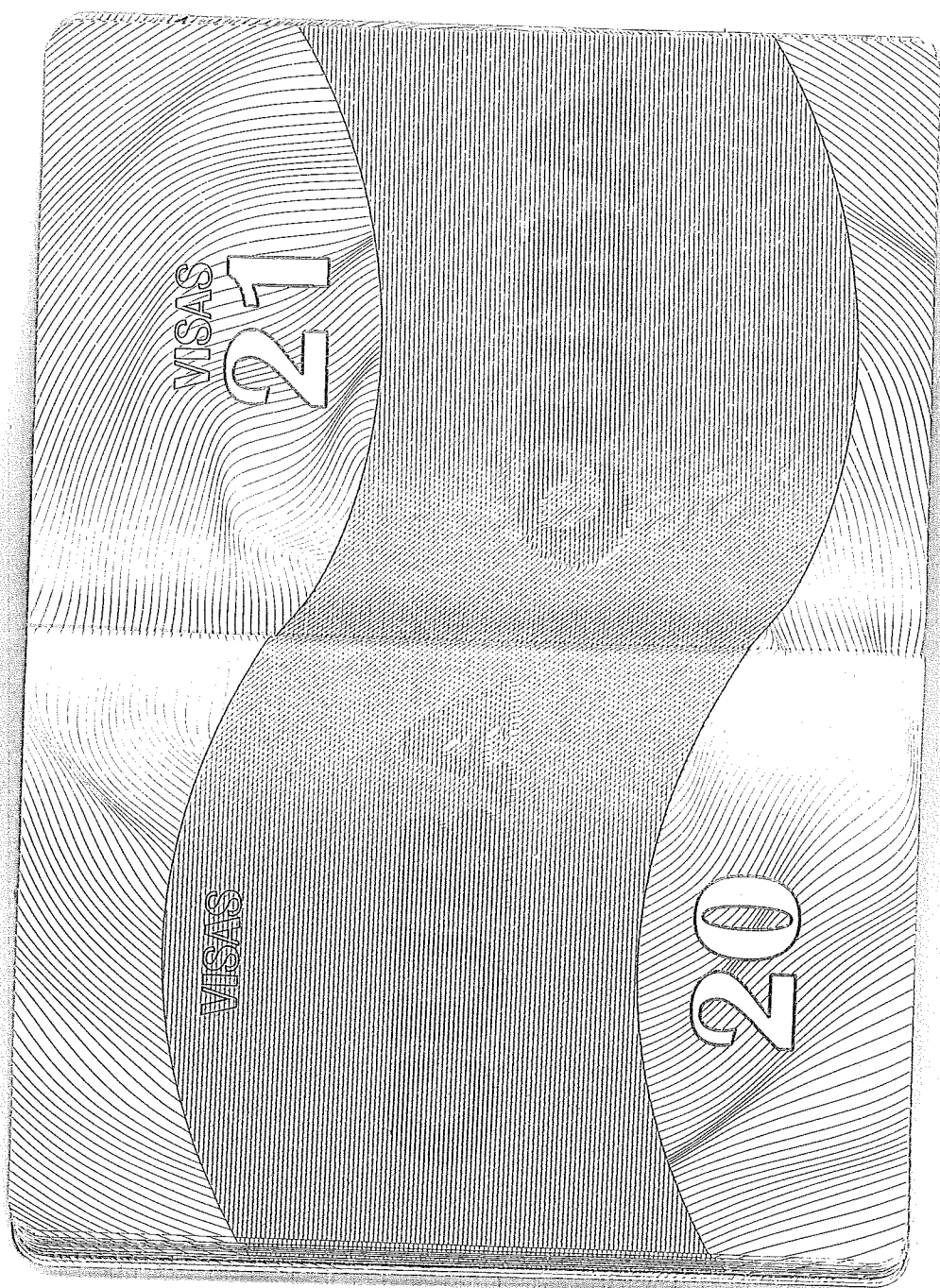




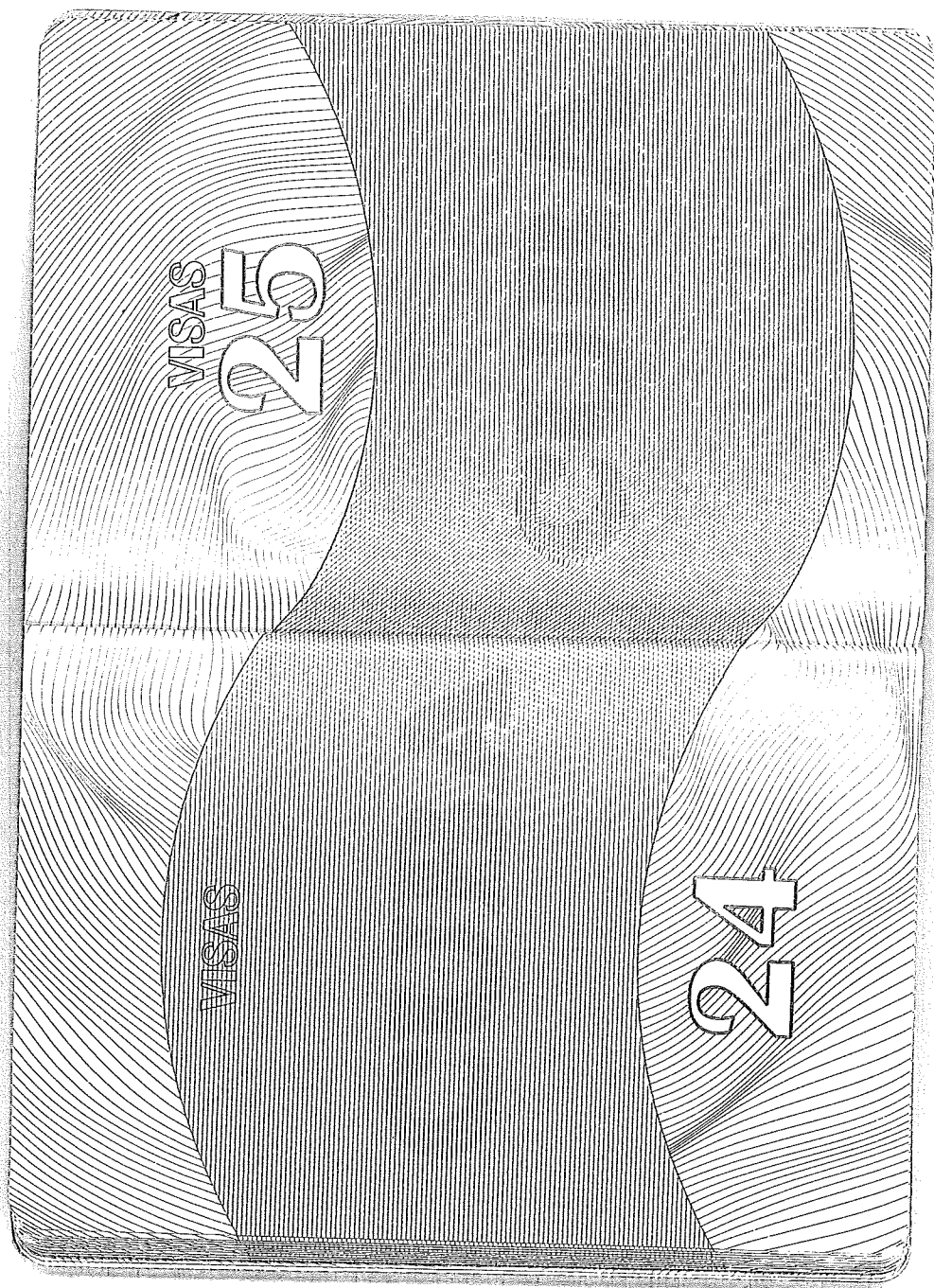






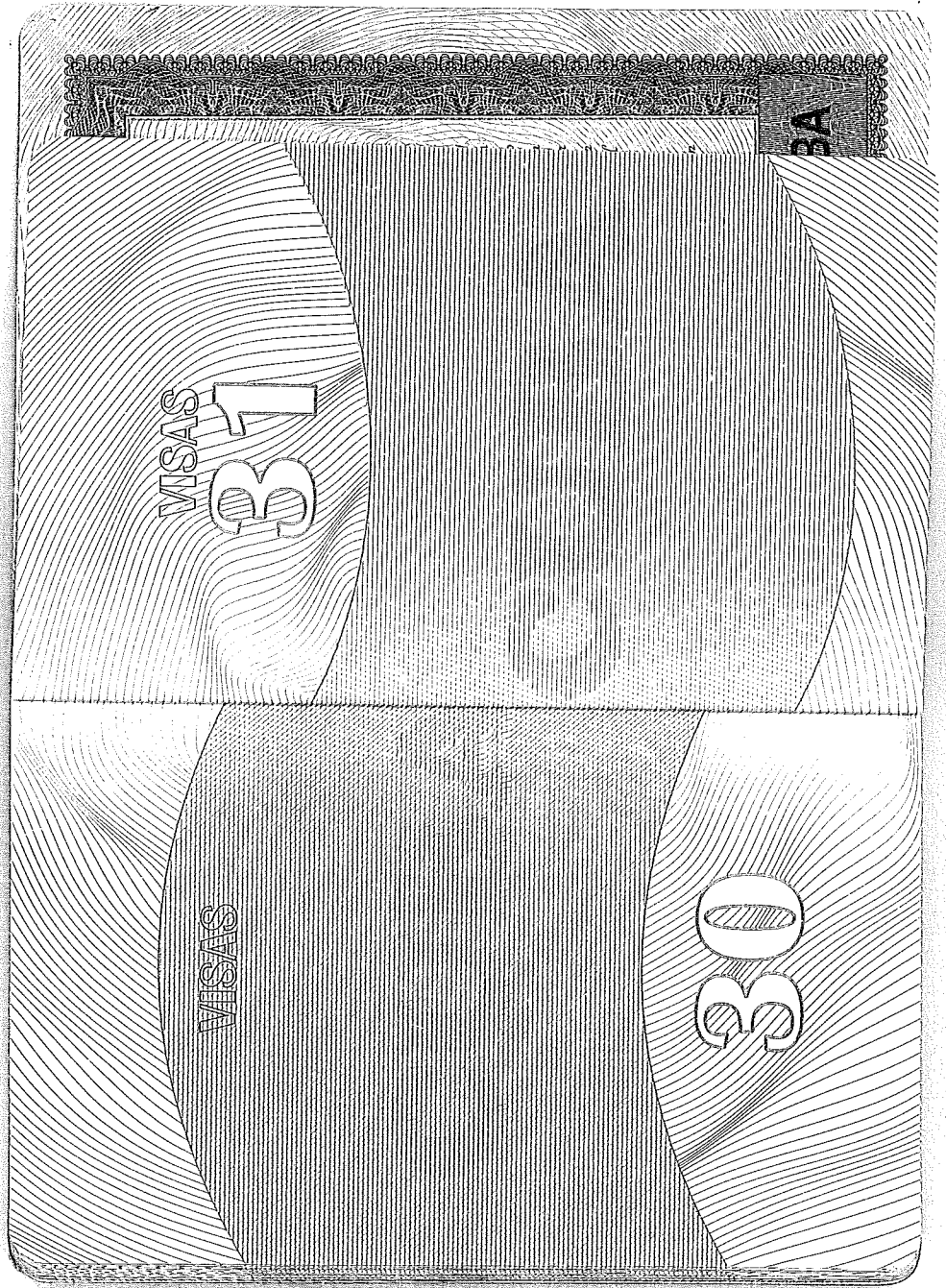












VISAS

32

Este pasaporte es personal e intransferible y será
cancelado quien permita su uso por tercera
persona. Es válido por dos años y peregrinable por
2 años, 2 veces.

El extranco de este documento será notificado a la
Dirección de Inmigración y Extranjería o al
funcionario diplomático o consular más próximo a
su domicilio.

Para que el titular pueda disfrutar de la
protección de los representantes diplomáticos y
consulares de Cuba y gozar de los tratados
internacionales y las leyes a que tiene derecho como
ciudadano cubano, está obligado a presentarlo a la
misión cubana donde radique a fin de quedar
inscripto como ciudadano cubano. Esta inscripción
debe hacerse dentro de los 3 días de su arribo al
lugar.

Este pasaporte se nulo si aparece emendado en
cualquier forma.

REPUBLICA DE CUBA

**COMPROBANTE DE VENTAS BOLETERÍA CELIMAR**Grupo Internacional de Turoperadores y Agencias de Viajes
Havanatur, S.A.

No.

152658

D

M

A

11

12

18

Nombre del cliente:

Casillas Mabel

No. de Reserva:

E1856638

R 002919

23 Oct 24

4 Oct 20

Pago en: Efectivo: _____

Cheque _____

Otros _____

Moneda: CUC _____

CUP _____

Otros: _____

Charteador / Aerolínea:

HAW - MIA - HAW

No. de vuelo:

WQ 702

fecha salida

29/12

hora

08:05

hora de chequeo

06:00

No. de vuelo:

WQ 703

fecha regreso

28/01

hora

13:30

hora de chequeo

10:30

Menores: _____

Cantidad: _____

Precio: _____

Importe: _____

Taxes: _____

Mayores: _____

Cantidad: _____

Precio: 244

Importe: _____

Taxes: 25

Infantes: _____

Cantidad: _____

Precio: _____

Importe: _____

Taxes: _____

Total cobrado:

1209.00

Observaciones:

Confirmar Regreso en Xmas 3056433200

3056434800

5345 SW 8 ST Miami FL 33145

Punto Venta:

V. 002

Nombre y apellidos del vendedor:

Catalina Mena

Firma del vendedor:

[Firma]

Agencia GEOCUBA Grafica Pinar del Rio